

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

**1. Agency Name**

City of San Jose

**Division, Department, or Region** (if applicable)

Council District 1

**Street Address**

200 E. Santa Clara Street, Tower 18th Floor

**Area Code/Phone Number**

(408) 535-4901

**E-mail**

district1@sanjoseca.gov

**Agency Contact** (name and title)

Rhovy Antonio, Council Aide

Date Stamp

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San Jose City

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California  
Form

**802**

For Official Use Only

☐ **Amendment** (Must explain in Part 5.)

**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 08 / 10 Description of Event: Strikeforce

Face Value of Ticket: \$ 302.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority

Number of Tickets Received: 16 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Antonio, Rhovylynn	1	Host of staff recognition event

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: City of San Jose

Name of Individual or Organization: SJPD Special Ops - Airport Division

Number of Tickets: 15

Description of Organization: City Department

Address of Organization: 201 W. Mission Street

San Jose

CA

95110

Number and Street

City

State

Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Staff recognition event.

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

  
Signature of Agency Head or Designee

Pete Constant

Print Name

Councilmember

Title

10/14/2010

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

## Tickets Provided by Agency Report Continuation Sheet

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### 3. Agency Official(s) Receiving Ticket(s)

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